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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A-LAS FREIGHT & CARGO GROUP, LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NESTOR A. MALDONADO

Name of Person

A-LAS FREIGHT & CARGO GROUP, LLC.

Firm/Company

1235 NW 93rd CT

Address

DORAL, FL 33172

City/State and Zip Code

cponce@immigrationservicesllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CESAR A. PONCE

Name of Person

at (305)

718-8813

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

A-LAS FREIGHT & CARGO GROUP, LLC.

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NESTOR A. MALDONADO	1235 NW 93rd. CT DORAL, FL 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MARCOS A. CHOCRON	1235 NW 93rd. CT DORAL, FL 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated MAY 20TH

2012

Signature of a member or authorized representative of a member

MARIA E. VIVAS

Typed or printed name of signee

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Filing Fee: \$25.00